## Exhibit 1

	/ Enford FATAL		it and Ta ☑ CMV	xDOT Use	e ONLY CHOOL BU	us 🔲	RAILROAD	D MAB	,	Case 21-070	002 Document 2-2	ACTIVE SCHOOL	09/21 Page 2 of	T	Fotal Num. Jnits	ı	1 3	Tot Nu	ım. ,	ı	۱3	اربع	DOT ash ID		3016	
		<b>4</b> '	• ®					Texa	s Peace	Office		ash Repo		<u> </u>		/2018		Prs	sns.					/202	<u>205z</u>	6284
	Texa: Departr	is ment	Mai	il to: Te	xas Dep	artment	of Trans	sportation,	, Crash D	Data an	nd Analy	-	. Box	149349	9, Aus	stin, TX	•	14. (	Quest	tions?	' Call	844/2	<u>2</u> 74-74	57		
	of Transp	ortation		*=T	These fie	∌lds are	required	l on all add	itional sl	heets s	submitte	ed for this	s crash	ı (ex.:	additic	onal v	ehicle	}S, OC	;cupa	nts, ir	njured	d, etc.	).	Ра	age <u>1</u>	of <u>4</u>
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ĪΩī	At [	Yes	<u> </u>	dwv.	T <sub>F</sub>	Hwy.		2. Rdwy.	1	TERSECT Block	'ING RO	3 Stree			Street								4 Stre	 eet _		
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VEHICLE,														<del> </del>							Driver/Pr	ts are only reported Primary Person for each Unit.				
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		of 🔀 esp. 🔲	Yes No		ed 26 Fin. pt Resp.			Fin. Resp. Name B	Brookly	n Spe	cialty		Fin. Re Num.	•	P-4-0	)6202	0									
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	Towed	d			56-787-	-3300			Towed	93 E.	Busin	ess 83,	Alam	<u> </u>					<u> </u>							
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	Proof	of 🗓	Yes	<b>Ехрігес</b>	ed 26 Fin.	1.		Fin. Resp.						Fin. Re	esp.			_								
	Fin. Re	esp.			pt Resp.	Type 2		Name B		n Spec	<u>lialty</u>	/ Insura			7 Vehicle									hicle		] Yes
B t			· 305-	-603-77	757			Damage I	Rating 1	9		т в с	Q -		amage F		2		1	R F	Т <u></u>		1 Inv	entorie/	ed □	No
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	n CR-3			DOTUse C 18)		Case ID 322	3731		Case 21-07002		፲ <b>አ</b> ይ <mark>ዕ</mark> ቭ <sup>02/09/21 ፣ Crash ID</sup>		167.1/	202052	26284			Pa	ge_2_	of <u>4</u>	
	Uni Nun		sn. m.			Taken To					Taken By	1			Dat (MM	e of Death /DD/YYYY)		Time of (24HF	f Death R:MM)		
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NO.																					
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DAMAGE																					
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l	Unit Num.	1	x	10,001+ LBS.	11 1	ORTING OOUS MATERIA	<u> </u>	+ CAPACITY	CMV Dis Damage		Yes 28 Ve No Oper.			Carrier Type	1	Carrie ID Nui	n. 0343151				
					cking LLC	P				ojo ST E	dinburg	, TX 78	542		•			30 Veh. Type	7		
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	Unit Num.	2		]RGVW ]GVWR	<sup>1</sup>   <sup>6</sup>   <sup>0</sup>	0 0 Type	rlr. 2		V Disabling mage?	ĭ X Yes ☐ No	Unit Num.		]RGVW ]GVWR			34 Trlr. Type		CMV Disabling Damage?			
	Sequen Of Even	1 77	Seq. 1	2	35 Seq. 2	13	35 Se	q. 3	3	35 Seq. 4		•	odal Ship ner Permi	pping 🖾 🗀 l	Yes Actu Gros No Weig	al \$ iht    8	0 0 0 0	Total Nun Axles	n. <u>6</u>		
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FACTORS &	1		60										Weather Cond.		nt Enteri	ng Roadw	ay Roadway	Surface	Traff Contr	fic	
FAC													3	2	97	1	4	2	12	·	
П	<u> </u>				gator's Narra	•		• •		<b>!</b>	<b>!</b>			Fie	eld Diagram	Not to Scale					
				ng Unit	Attach Addition 2. Unit	1 was tr	cavelin	g north													
					was trave (light 1	_			_					N							
		_		•	the driv																
	steering wheel jerk to the right out of his control. Unit 1 jackknifed with Unit 2; striking Unit 2's right front quarter with Unit 1's right passenger side. Unit 3 was traveling south														<del>-</del> [[]						
	on FM	493.	Uni	t 3 str	uck Unit	2's left	back o	quarter	with i	ts				·							
W)					r of Unit and drug		_	_									าเ <sup>บ</sup>				
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/ESTI	Comp.	⊠ N	o   N		ted) Castil											Num.	13856 , l	<u> </u>	<u> </u>		
18	ORI Num.	1	ı		1 1	*Ager	ncy DEPA	RTMENT	OF PUBI	IC SAFE	TY, STA	TE OF T	EXAS			Servio Regio		P 3 A	ا ٥	1	

	v Enforc FATAL		it and Ta ☑ CMV	xDOT Use O	ONLY HOOL BUS	S [] F	RAILROAD	)   МАВ	∏ sι	Case 21-07002  JPPLEMEN	2 Document 2-2	Filed in TXSB on 02/09  ACTIVE SCHOOL	9/21 Page 4 of 5	To	otal um. nits	1	۱ 3	Tot <u>N</u> ui	m. ,	ı	. a		DOT ash ID		3016	
			<b>®</b>		• -				_			- schoo∟ sh Repo⊦		<u>,U.</u>		<u> </u> /2018	<u> </u>	Prs	ns.		<u> [3</u>		JII 1.0	/202	<u>2052</u>	6284
	Texas Departn	is ment	Mai	il to: Texa	as Depa	rtment	of Trans	sportation,	Crash D	Data and	d Analys	-	Box 1	49349	, Aus	tin, TX	•	14. (	Quest	tions?	' Call	844/2	<u> 2</u> 74-74	57		
	of Transpo	portation		*=Th	iese field	is are r	equired	on all addi	tional sh	neets su	Jbmitte	d for this	crash	(ex.: €	additic	nal v	ehicle	)S, OC	:cupa	nts, ir	njured	I, etc.	).	Pa	ge <u>3</u>	of <u>4</u>
	*Crash (MM/D	DD/YY\		1 2 / 1	L 9 / 2	0 2 (		h Time RMM)   0	0	2   1	Case	e 322373	31					lı	Local L	Jse ——						
_	*Count Name	-	)ALGC	)			<u> </u>				City Name													X	Outsi City L	side Limit
וַטַו		0 dama	age to a	this crash re iny one perso	on's proper	rty?	<b>–</b>	Latitude (decimal degrees)	2   6	6   <b>°</b>	3	1   6	7	J 8		ngitude imal degre		0   9	9   8	3	• <sub> </sub> 0	) ] 3	3   7		2   :	1
				*Hwy.			2 Rdwy.	<b>1</b>	Block			3 Street		* S1	treet								4 Stre	eet		
ATION	Sys. FM Num. 493 Part Num.  Crash Occurred on a Private Drive or Toll Road/ Speed  Const.									Prefix	Worke	Nar	me	Street							Suffix					
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<u>@</u>	At C	At Tes 1 Rdwy. Hwy. 2. Rdwy.								Block	NG KUA	3 Stree			Street Name	Mont							4 Stre	וסו	ъ Т	
	Distan			<b>5.</b>		FT 3	3 Dir. from		I	Reference	:e		treet		Name	HOIL			•	F	RX		Suffix			
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	Num. Veh.	3		esc. 1		ehicle L	∐ Run	State <sub>TX</sub>	<u></u>	Num. M	YJ4854	1	VIN √eh.	<u> </u>	N	1   A	B	7	A P		F	L   6	 Pol.	3		
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		State, Z	ZIP) 1	L822 E 2	9th ST	Wesla	ico, TX	78596					<del>-   </del>		<del></del>		1	<del></del>			<del></del>	<del></del>		<del></del>		
SONS	rson Im.	Prsn. pe	ו אי יען		En'	ter Drive		e: Last, First, ary Person fo		nit on first	t line		14 Injury	Verity Je	15 Ethnicity	Sex	1 ш. І	Restr.	rbag	20 Helmet	Sol.	Alc.	Alc. Result	[출 ::]	Drug Sult	25 Drug Category
& PER	2 ≥	1 1 1 1	13 Po	Ortiz,							• • • • • •		¥ (		H 13	2	1	18	2 Air	유포 97	и 21	ر 5 ک	_ <u>₩</u>	96 80 96	24 Re Re	52 g 97
IIVER,	Person 1 Num.	<u> </u>		Tellez									A	22	н	1	1	96	5	97	N		- "	<u>                                     </u>		
LE, DR				Terres	UI, Ca.	TIUS A	TDET CO								+	<del>                                     </del>	-	90	<u> </u>	91		Drug	t Applical g Results Driver/Pr	are only	ly repo	orted
VEHICLE,																								ch Unit.		
	⊠ Ov □ Le			/ner/Lessee me & Addre		- Anr	Tesh	~1 37 <b>∩</b> 7	י ווכן	D116 83	Ta+ 2	15 Dor	T	יע קפו	-27	<u>,                                    </u>										
-	Proof o	of X	Yes	Expired	& Address Ortiz, Anna Isabel, 3707 E US Bus 83 Lot 215 Donna, TX 785  Expired 26 Fin. Fin. Resp. Fin. Resp.									n. Resp.												
	Fin. Re	esp.	Fin. Resp.  Sp. No Exempt Resp. Type 2  Sp. No Exempt Resp. Type 2  Sp. 27 Vehicle										L	27	Vehicle	<del></del>	L9362							hicle		] Yes
l t	Phone Towed		· 800-	-880-047	12			Damage F	Rating 1   Towed			F _ I	<u>'</u>	6 Da	mage F	tating 2	2					<u> </u>	Inv	entorie:	<u>d</u> ∐	] No
	By Unit	Capi	ital 5t	Towing, Unit	·		27 Hit and	d LP	To 1	10415 N LP	1. Exp	y 281,	Edink	urg,	TX 7	8550										
	Num.		De	esc.			Run	State Veh.		Num.			VIN Veh.								[ I., Fire, EN	 MS on				
	Veh. Year				Color	T <sub>D1 //D</sub>		Make		<u> </u>			Model		T			<del></del>	Style	•			Eme	rrative if	y (Explai	ain in
	8 DL/II Type			DL/ID State		DL/ID Num.				9 DL Class		10 CDI End.			11 DL Rest.			DO (MN	B M/DD/Y	YYY) <u> </u>		<u></u>				
	Addres City, S	•															•									
PERSONS	ßon m.	Prsn.	Seat sition		En	ter Drive		e: Last, First, ary Person fo		nit on first	t line		Injury		nnicity	Sex	Eject.	Restr.	bag	I 드I	Sol.	Alc.		Drug ec.	Drug sult	Drug tegory
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DRIVER, &													+	+-	+											
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	□ o	wner essee		/ner/Lessee me & Addre												<u>'</u>	<u>.                                    </u>									
-		of []	Yes	Expired Exempt	26 Fin.	· ~~		Fin. Resp.						Fin. Res	<b></b> sp.											
	Fin. Re	esp.			Kesp. 13	/pe		Name 27 Vehicle						27	Vehicle									hicle		] Yes
▋▕	Phone Towed		•					Damage F	Rating 1   Towed				ــــــــــــــــــــــــــــــــــــــ	Da	mage F	tating 2	2					<u>_</u> _	Inv	entorie:	<u>d</u> ∐	No
	Towed By																									

	aw Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)  Case Case 21-07002 Docume  Case 21-07002 Docume  Case 21-07002 Docume										x <b>PO</b> で2/09/ Crash ID		18030		Page 4 of 4						
	Uni Nun	it P n. N	Prsn. Jum.				Taken To					Taken	Ву				Date (MM/E	of Death D/YYYY)		Time of (24HR	f Death R:MM)
	3	1		Doctors	Но	spital a	at Rena:	issance		Hidal	go Coun	ty EMS	3				•	·		1 1	1
NOF	3	2		Doctors	Но	spital a	at Rena:	issance		Air E	vac EMS										1
SITIO																					
DISPOSITION OF																					<u> </u>
Q.5																					
Т	Unit Num.	Jnit Prsn. lum, Num.															Citation	n/Reference I	Num.		
	i tuin,																				
CHARGES																					
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			Dam	aged Proper	rty C	Other Than \	Vehicles				Own	er's Nan	ne					Owr	ner's Address		
DAMAGE																					
PA																					
	Jnit Jum.			] 10,001+ LBS.		」TRANSPO HAZARD	ORTING OUS MATER	RIAL     9	+ CAPACITY	CMV Dis	sabling []	res 28 No Op	Veh. er.			Carrier Type		Carrier ID Num			
	Carrier's				<u> </u>			Carrier's Primary Ac	dr	Jamaga	<u> </u>	10 1-1-				. 7   -			30 Veh. Type		
CMV	B1 Bus ype			RGVW			Haz	zMat \	es 32 Haz		HazMat					azMat	HazMat			33 Cargo	
	Jnit	•		☐ GVWR ☐ RGVW			34	eased [] N Trir.	СМ	V Disabling		Unit			]RGVW		ID Num.	1 <u>1</u> <u>3</u> 4 Trlr.		Body Type CMV Disabling	Yes
	Num.         GVWR                           Sequence         35 Seq. 1         35 Seq. 2							oe 35 Se	<u> </u>	nage?	No 5 Seq. 4	Num.		Interm	GVWR	pping _	Yes Actual Gross No Weigh	Туре		Damage? Total Num	No n.
	of Even	เร		buting Fact	tors	·			•	Container Permit No									dway Condit	Axles tions	
RS &	Unit	t #		Contribu	uting	 	May Have	e Contrib.	(	Contributing	 	May F	lave Co	ntrib.	38 Weathe	39 er Lig		41 Roadwa	42 y Roadway	43 Surface	44 Traffic
FACTORS & CONDITIONS															Cond					Condition	Control
L E					-•			****													
				Inves	_	itor's Narrat tach Additio	-									F	ield Diagram - N	lot to Scale			
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TOR	Time N (24HR:l	otified MM)	1 0	1 0 1 2	1:	How Notified	DPS Cor	mmunica	tions		Time A (24HRN	rrived (MM)	0 1	0   2	l 9	Report (MM/DI	Date D/YYYY) 12	/19/2	2020		
TIGA	Time No. (24HR: Invest. Comp. DRI Num.	Nest. Yes Investigator Omp. Name (Printed) Castillo, Genaro Num.																			
NVES	ORI	<u> </u>	. 40	1 1	<del></del>	., -as-cil			ARTMENT	סדים יש	TC SAFF	ייט פיי	ጥ∆ጥፑ	ייי ידט	ZXV C			Service	<u> </u>	P 3 1 A	0 1 1
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